

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes (☐) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1. CS ID
No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME FIRST NAME	BETOY		NAME EXTENSION (JR., SR)	
MIDDLE NAME	LABISTO			
3. DATE OF BIRTH (mm/dd/yyyy)	01/10/2001	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization	
4. PLACE OF BIRTH	TOLINGON, ISABEL LEYTE	If holder of dual citizenship, please indicate the details.	Pls. indicate country:	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	PUROK LARAY	
7. HEIGHT (m)	162		House/Block/Lot No. Street	
8. WEIGHT (kg)	59		TOLINGON	
9. BLOOD TYPE	O		Subdivision/Village Barangay	
10. GSIS ID NO.	N/A	ZIP CODE	ISABEL, LEYTE	
11. PAG-IBIG ID NO.	N/A		City/Municipality Province	
12. PHILHEALTH NO.	13 0256362407		6539	
13. SSS NO.	N/A		18. PERMANENT ADDRESS	
14. TIN NO.	777 753 191	19. TELEPHONE NO.	PUROK LARAY	
15. AGENCY EMPLOYEE NO.	N/A	20. MOBILE NO.	House/Block/Lot No. Street	
		21. E-MAIL ADDRESS (if any)	TOLINGON	
			Subdivision/Village Barangay	
			ISABEL, LEYTE	
			City/Municipality Province	
			6539	
			ZIP CODE	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			

TELEPHONE NO.	N/A			
24.FATHER'S SURNAME	BETOY			
FIRST NAME	RAMELO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LABESTO			
25. MOTHER'S MAIDEN NAME	ANSELMA ARPON LABESTO			
SURNAME	BETOY			
FIRST NAME	ANSELMA			
MIDDLE NAME	LABESTO		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	TOLINGON ELEMENTARY SCHOOL				ELEMENTARY GRADUATE	2012	4TH HONOR
SECONDARY	MATLANG NATIONAL HIGH SCHOOL				JUNIOR HIGH- SENIOR HIGH GRADU	2019	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A			N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY-MAIN CAMPUS	BACHELOR OF SCIENCE IN DEVELOPMENT COMMUNICATION	AUG 23, 2019	AUG 04, 2023	DEGREE HOLDER	2023	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	FEBRUARY 02, 2025
------------------	---	-------------	-------------------

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	_____
-----------	---	------	-------

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PROGRAMS ATTENDED
	e only the relevant L&D/training taken for the last five (5) years for Division

(Start from the most recent L&D/training program and include


e only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
PROFICIENT IN USING MICROSOFT OFFICE	N/A	N/A
CAN WORK ON FLEXIBLE HOURS	N/A	N/A
PUBLIC SPEAKING	ORATOR/DECLAMATOR	DEVELOPMENT COMMUNICATOR SOCIETY
COMMUNITY ENGAGEMENT	N/A	N/A
JOURNALISTIC WRITING	REGIONAL SCHOOL'S DIVISION PRESS CONFERENCE	N/A
PLAYS VOLLEYBALL	PROVINCIAL MEET	ISABEL VOLLEYBALL ASSOCIATION
(Continue on separate sheet if necessary)		
SIGNATURE		DATE FEBRUARY 02, 2025

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Date Filed: _____ Status of Case/s: _____	
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	<input type="checkbox"/> YES If <input checked="" type="checkbox"/> NO YES, give d _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give _____	
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____	
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following a. items: Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO specify: If YES, please _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO specify ID N If YES, please _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO specify ID N If YES, please _____	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
ENGR. ROLANDO D. ECOT JR	BRGY. TOLINGON, ISABEL LEYTE	09776293797
JUNRILL W. LUCERO	BRGY. TOLINGON, ISABEL LEYTE	09568031946
		

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.



Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: N/A

ID/License/Passport No.: N/A

Date/Place of Issuance: N/A

Signature (Sign inside the box)

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath